

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	2					
5	2					
6	3					
7	3					
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TOTAL IND.

1



TOTAL DEP.

17



TOTAL CLAIMS

18



	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

1



TOTAL DEP.

17



TOTAL CLAIMS

18

